

FULL NAME	RANK	
DISTRIBUTOR ID	CARD TYPE	

- ➤ I request to use my accumulated E-points in order to reimburse travel expenses for participating in Enagic hosted events with official receipts attached or hosting seminars, demonstrations, training sessions related to Enagic business with receipts, pictures and attendee list attached. (Without attached evidence reimbursement will not be processed.)
- ➤ I understand that requested reimbursement amount which exceeds available E-point balance will not be accommodated. Only equivalent amount to available E-point balance shall be reimbursed. Some expenses may be denied as being outside of the latest E8PA reimbursement scope.
- ➤ I acknowledge that I'm financially responsible for paying all expenses beforehand and may only be reimbursed after the final decision made by E8PA office that reserves all rights to update and/or amend the contents of this document at any time.

Receipt	Date	Expense Descrip	otion	Amount
1				
2				
3				
4				
5				
6				
7				
8				
9				
10				
Cur	rency		Total Amount	
Comments:				
Distributor's Name:				
Signaturo		Ann	lication Date:	